

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 08/05/03  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: METHODS AND APPARATUS FOR CARDIAC  
VALVE REPAIR  
Attorney Docket Number:: 020489-000140US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 80  
Total Drawing Sheets:: 84  
Small Entity?: Yes  
Petition included?: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: FREDERICK  
Middle Name:: G.  
Family Name:: ST. GOAR  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2 Frederick Court  
City of Mailing Address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JAMES I-LIN  
Family Name:: FANN  
City of Residence:: Portola Valley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 65 Prado Court  
City of Mailing Address:: Portola Valley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MARK  
Middle Name:: E.  
Family Name:: DEEM  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 216 B Palo Alto Avenue  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HANSON  
Middle Name:: S.  
Family Name:: GIFFORD, III  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3180 Woodside Road  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/544,930	04/07/00
09/544,930	An Appn claiming benefit under 35 USC 119(e) of	60/128,690	04/09/99

#### **Assignee Information**

Assignee Name:: EVALVE, INC.  
Street of mailing address:: 2761 Fair Oaks  
City of mailing address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94063